

4732

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 City of Pala
 District of Miami
 Name of Sanfaut Padilla
 or of (No. _____) St.; _____ Ward) _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS

State Index No. 136Co. Register No. 275

Local Registrar's No. _____

NAME OF CHILD Sanfaut Padilla } Born NO
 Child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive YES

Sex of child <u>Male</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>1</u>	Legitimacy <u>Yes</u>	Date of Birth <u>May 20</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Salvador Padilla</u>			Full Name <u>Maria Ramirez</u>		
Residence <u>Miami Ariz</u>			Residence <u>Miami Ariz</u>		
Age at last Birthday <u>21</u> (Years)			Age at last Birthday <u>18</u> (Years)		
Color or Race <u>Mex</u>			Color or Race <u>Mex</u>		
Birthplace <u>Mex.</u>			Birthplace <u>Mex.</u>		
Occupation <u>Smelter</u>			Occupation <u>H.V.</u>		

Number of child this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 20 1919, at 4 PM M.

*When there is no attending physician or midwife, then the householder should make this return.

Given or Christian name added from a supplemental report _____ 1919

Address May 22 1919
 Filed June 10 1919
 A True Copy
 COUNTY REGISTRAR: 071-520-499
 LOCAL REGISTRAR: W. O. Brayton
 COUNTY REGISTRAR: O. G. Fox